the HPV. Other risk factors include smoking and poor nutritional status, family history of cervical cancer, and exposure to DES (diethylstilbestrol) in utero.

**COLLABORATIVE CARE**

The goals of treatment are to eradicate the cancer and minimize complications and metastasis. The type of treatment depends on the degree of malignant change, the size and location of the lesion, and the extent of metastasis.

**Diagnostic Tests**

Diagnostic tests used to diagnose cervical cancer include the following:

- **Pap smear** is the primary screening tool for cervical carcinoma (see the box below). If the results show atypical cells, the test is repeated. Pap test results may be reported in descriptive terms with abnormal cells described as benign, which may include infectious, inflammatory, atrophic, or other cell changes, or as epithelial cell abnormalities, including atypical squamous cells to squamous cell carcinoma, and atypical glandular cells to adenocarcinoma.

**Nursing Implications for Diagnostic Tests**

**Papanicolaou (Pap) Test**

The Papanicolaou smear (Pap test) is used to screen for cervical intraepithelial neoplasia (CIN) and cervical cancer. It can also be used to assess hormonal status and identify the presence of sexually transmitted diseases, such as human papilloma virus (HPV) infection.

With the woman in the lithotomy position, a speculum is inserted to visualize the cervix. A plastic or wooden spatula is used to scrape the cervical os and any suspicious-looking areas, and the material is transferred to a slide for histologic analysis. A cotton-tipped applicator or cytobrush is used to obtain a specimen from the endocervix; this specimen is then transferred to a second slide.

**Client Preparation**

- Instruct the woman to empty her bladder.
- Explain that the test should be painless and quick, although slight cramping may be experienced when the endocervical specimen is obtained.

**Client and Family Teaching**

- Teach the woman about recommended frequency of screening, every 3 years until age 65 after two successive negative results a year apart or more frequently if the woman has specific risk factors for cervical cancer.
- Teach the woman to schedule the Pap test for a time when she is not menstruating. Blood interferes with interpretation of the smear.
- Teach the woman to avoid intercourse, douching, or placing of any medication in the vagina for 36 hours prior to the test.
- Colposcopy and cervical biopsy of the suspicious area may be performed if the second Pap test yields abnormal findings (see the box above).
- Loop diathermy technique (loop electrosurgical excision procedure [LEEP]) allows simultaneous diagnosis and treatment of dysplastic lesions found on colposcopy. This procedure is performed in the office, using a wire for both cutting and coagulation during excision of the dysplastic region of the cervix.
- MRI or CT of the pelvis, abdomen, or bones may be performed to detect the spread of the tumor.

**Medications**

Chemotherapy is used for tumors not responsive to other therapy, tumors that cannot be removed, or as adjunct therapy if metastasis has occurred (see Chapter 9).

**Treatments**

The treatment for cervical cancer may include surgery and radiation therapy.

**Surgery**

When combined with colposcopy, laser surgery is a viable treatment method provided that the cancer is limited to the cervical epithelium. Cryosurgery, which involves the use of a probe to freeze tissue, causing necrosis and sloughing, is also used for noninvasive lesions. Conization (Figure 48–5 ■) is performed to treat microinvasive carcinoma when colposcopy cannot define the limits of the invasion. For invasive lesions,